

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/554 009

FILING DATE

APPLICANT(S)

8-5-03 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	2						58						
9	2						59						
10	2						60						
11	2						61						
12	2						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19	2		1				69						
20					1		70						
21						1	71						
22							72						
23					1		73						
24						1	74						
25						2	75						
26						2	76						
27						2	77						
28						2	78						
29						2	79						
30						2	80						
31							81						
32							82						
33							83						
34							84						
35						1	85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	15		15				TOTAL DEP.						
TOTAL CLAIMS	17		17				TOTAL CLAIMS						

Best Available Copy